

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

42072

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>St. Louis</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bedford</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 HOUR</u>		c. CITY OR TOWN <u>ELS BERRY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DOA-LINCOLN Co. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>3 MI. S.W. OF ELSBERRY</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>MONROE</u> c. (Last) <u>HUNTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (NEVER W.)</u>		8. DATE OF BIRTH <u>JULY 9, 1936</u>		
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSER-STEAMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GLOVE FACTORY</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>CHARLES A. HUNTER</u>		13b. MOTHER'S MAIDEN NAME <u>SYLVIA HARDIN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-44-6257</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Hunter - Elsberry</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Approx 10 Min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>022X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>DOA Lin. Co. Mon Hosp</u> occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph J. Marsh</u> Coroner (Degree or title)				23b. ADDRESS <u>351 Monroe St Troy, Missouri</u>		23c. DATE SIGNED <u>12/8/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-4-56</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>NEW HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>RFD-ELS BERRY, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Jan 3-1957</u>		REGISTRAR'S SIGNATURE <u>Erinna E. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelton - Elsberry, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. 4012

P. O. Address *[Handwritten: E. Laberry]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.